

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001047

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 26

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
Length of stay in lb <u>75 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>512 Freemont St.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>F.</u> Last <u>Weggenmann</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/5/1885</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co. Manchester, Mo</u>	
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles Weggenmann</u>		13b. MOTHER'S MAIDEN NAME <u>Reina Sely</u>	
14. NAME OF HUSBAND OR WIFE <u>Annetta Weggenmann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFIRMANT <u>9 Delores Weggenmann, Washington, Mo</u>		17. ADDRESS <u>9 Delores Weggenmann, Washington, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Generalized atherosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>20 years</u> <u>50 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>6:20</u> a.m. <u>PM</u> Month, Day, Year <u>Jan. 23, 1962</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1956</u> to <u>Jan. 23, 1962</u> and last saw him alive on <u>Jan. 23, 1962</u> Death occurred at <u>6:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John B. Ryan M.D.</u>		22b. ADDRESS <u>Washington, Mo</u>	
22c. DATE SIGNED <u>1-25-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Jan. 27, 1962</u>		23b. DATE <u>Jan. 27, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Nieburg & Vitt, Inc., Washington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1/27/62</u>	
26. REGISTRAR'S SIGNATURE <u>Lula C. Heidmann</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lester A. Vitt

Licensed Embalmer No.

3254

P. O. Address

Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.